

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90073 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000016790

1. Corporation Name

D'HAUWER HOME HEALTH, INC.

Principal Place of Business

7720 S.W. 82ND ST.
APT E-111
MIAMI FL 33143

Mailing Address

7720 S.W. 82ND ST.
APT E-111
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/20/1998

4. FEI Number

65-0814703

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Election Campaign Financing ☐**\$5.00 May Be**

Trust Fund Contribution

Added to Fees.

8. This corporation owes the current year Intangible Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORONADO, RAMONA
7360 CORAL WAY #21
SUITE 21
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name	Beatriz D'HAUWER Home Health, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)	7720 S.W. 82ND STREET
83	APT. E-111
84 City	MIAMI, FL
85 Zip Code	33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/99

12. OFFICERS AND DIRECTORS

TITLE	PVSD	<input type="checkbox"/> DELETE
NAME	D'HAUWER, BEATRIZ	
STREET ADDRESS	7720 S.W. 82ND ST.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beatriz D'HAUWER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/99**(305) 270-9981**

CR2E034 (1/1/98)